**Manors of Inverrary XII**
**Condominium Association, Inc.**
4164 INVERRARY DRIVE
LAUDERHILL, FL 33319

APPLICATION MUST BE SUBMITTED, NO LESS THAN 2 BUSINESS DAYS PRIOR TO REQUESTED SERVICE DATE

# APPLICATION FOR USE OF ELEVATOR #2

(South Elevator – Nearest the Back Doors)

NAME _____ UNIT _____
DATE _____ PHONE _____
Email _____

Please indicate desired date and time for elevator request:

_____ , _____ 20___ ____:___AM/PM to ___:___ AM/PM
Date Time Circle One Circle One

Do you need both back doors open (extra wide items)? YES ❑ NO ❑

**PLEASE NOTE: ALL RESIDENTIAL DELIVERIES MUST BE AT THE BACK ENTRY DOORS BETWEEN 9AM – 5PM, MONDAY-SATURDAY**

Purpose of Request:
(Please describe briefly why you need the elevator padding. What task are you performing? What items are being transported?)

_____
_____
_____
_____

By signing this request form, you take full responsibility for any and all damages that occur to the building (elevator or any other common area) during your transportation of materials; those listed or missing from the list above. Additionally, you are aware that you are being monitored by the Building Surveillance system which can be used in the case of any legal matters.

_____ _____
SIGNED DATE

_____
PRINT

APPROVED BY THE BOARD OF DIRECTORS
MANORS OF ONVERRARY XII CONDO ASSOCIATION

_____ _____
SIGN AND PRINT DATE